

Health Home Indicator in ProviderOne

The Health Home indicator can be viewed on the 835 Transaction List screen in the Enrollment Roster section by following these steps.

1. Log onto ProviderOne
2. Under Managed Care select View Enrollment Roster
3. Filter by the following and select "Go"
 - Member ID = (client's ProviderOne ID), and
 - Report Start Date = (first and last date of the month of interest (MM/DD/YYYY)), and
 - Action = Verify

Close

834 Transaction List:

Filter By: Member ID [redacted] And Report Start Date 03/01/2015 03/31/2015 And Action Verify And Quarter [dropdown] Go

Transaction Set ID	Transaction #	Payer ID	Payer Name	Health Plan ID	Action	File Effective Date	Report Start Date	Report End Date	Member ID	Maintenance Type Code	Maintenance Reason Code	ProviderOne Transaction Ref	ProviderOne Master Ref
No Records Found!													

4. Identify a row that says "030-Audit" in the Maintenance Type Code column and click on the black arrowhead at the far left end of the row.
5. Review Health Home Indicator by look at the bottom of the right column under the last section, labeled Member Other Demographics

Close

Show: ---SELECT---

834 Transaction Detail:

Maintenance Type: 030-Audit Maintenance Reason: XN-Notification Only

Maintenance Effective Date: 02/01/2015 Health Coverage End Date:

Health Coverage Start Date: 08/01/2014 Medicaid Eligibility End Date:

Medicaid Eligibility Begin Date: Premium Rate Amount: \$103.19 Insurance Line: HMO

Plan Coverage Description:

Rate Cohort Combination: 3046

1105-Categorically Needy

Premium Determinant RAC: Medicaid Blind/Disabled; SSI cash eligible Medicare Status: 2-Full Benefit Dual with QMB

Pregnancy Due Date[Enrollment Form]: Self Assesment:

Special Needs Indicator: Surgery Date:

Recertification Date: PRR Indicator: NO

Client Exception Indicator: Expected Delivery Date[ACES]:

Transaction Reason: IT - Internal Transfer

Member Other Demographics:

SSN: [redacted] Gender: M-Male

Race or Ethnicity: C-Caucasian Citizen Status: 1-Us Citizen

Language: ENG-English Head of Household Name: [redacted]

Birth Date: [redacted] Insured Individual Death Date:

Confidentiality Code: U-Unrestricted Access Health Home: Y-Yes